VITAL CONNECTIONS

LINKING WOMEN'S LITERACY PROGRAMS AND REPRODUCTIVE HEALTH SERVICES

Produced by the
Family Planning Service Expansion and
Technical Support (SEATS) Project
through its partner World Education, Inc.

The goal of the Family Planning Service Expansion and Technical Support (SEATS) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services. John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS Project. These include the American College of Nurse-Midwives (ACNM); AVSC International; Initiatives, Inc.; The Program for Appropriate Technology in Health (PATH); World Education, Inc.; and partner organizations in each country where SEATS is active.

World Education, Inc. (WEI) is a nonprofit organization dedicated to improving the lives of the poor through economic and social development programs. WEI provides training and technical assistance in nonformal education for adults and children, with special emphasis on income generation, small enterprise development, literacy, education for the workplace, environmental education, maternal and child health, AIDS education, refugee orientation and training, and family life education. Projects are designed to contribute to individual growth, as well as to community and national development.

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SEATS

TABLE *of* CONTENTS

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The *Vital Connections* handbook grew out of the Women's Literacy Initiative, a program of the Family Planning Service Expansion and Technical Support (SEATS) Project, managed by John Snow, Inc. (JSI), implemented by its subcontractor, World Education, Inc. (WEI). The Women's Literacy Initiative aims to forge new and stronger links among women's literacy programs, the local and international agencies that sponsor them, and the international family planning and reproductive health community. This multisectoral strategy responds to the challenges of a new agenda for women's empowerment, laid out at the International Conference on Population and Development (ICPD) in Cairo and the Fourth World Conference on Women in Beijing.

The ideas, expertise, and creativity of many have contributed to this handbook. At the core is WEI's extensive experience in creating comprehensive basic literacy programs that give poor rural women both literacy skills and a solid foundation in various aspects of family health. WEI programs in Nepal, the Philippines, and Senegal offer models for integrating reproductive health information into adult literacy activities. SEATS brings its experience in developing, supporting, and evaluating family planning and reproductive health service delivery in Africa, Asia, and the Newly Independent States. Special thanks go to Ann Fitzgerald and Nancy Newton. Ann Fitzgerald played an instrumental role in the early stages of the handbook as she collected, digested and synthesized a tremendous amount of material related to reproductive health and literacy. The final content and production of the handbook would not have been possible without Nancy Newton's invaluable and exhaustive inputs. Ms. Newton patiently wrote and re-wrote the handbook to suit an endless stream of reviewers and potential users, maintaining its technical integrity and constantly fine-tuning the manuscript to produce its present form. These efforts are appreciated and applauded.

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ABBREVIATIONS

ABCSD	Area-Based Child Survival and Development
AIDS	Acquired immuno-deficiency syndrome
CBD	Community-based distribution
CHV	Community health volunteer
DFID	Department for International Development
HEAL	Health Education and Adult Literacy Project
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	Information, education, and communication
ILO	International Labor Organization
JICA	Japanese International Cooperation Agency
JSI	John Snow, Inc.
NGO	Nongovernmental organization
SEATS	Family Planning Service Expansion and Technical Support Project
SIDA	Swedish International Development Agency
STD	Sexually transmitted disease
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WEI	World Education, Inc.
WHO	World Health Organization

INTRODUCTION

Health and education are fundamental human rights. The Program of Action of the International Conference on Population and Development (ICPD) in 1994 and the Fourth World Conference on Women in 1995 affirmed women's right to reproductive and sexual self-determination while reinforcing calls to eradicate illiteracy and promote gender equity.

Putting these concepts into practice requires new thinking about interventions to achieve reproductive health, increase women's basic education and literacy, and improve women's social status. These principles suggest multisectoral approaches to existing programs. Family planning or contraceptive information and services alone are insufficient to respond to women's reproductive health needs. Even the more comprehensive reproductive health services proposed at the ICPD cannot address all reproductive health problems. Similarly, not all adult literacy programs are successful in helping women develop knowledge and skills that are useful in their daily lives.

Reproductive health services and women's literacy programs share common interests and perspectives. Each alone is a valuable mechanism to improve women's lives. Bringing the two together is a compelling approach to help women empower themselves with the knowledge, skills, and access to technologies necessary to improve the quality of their lives and participate fully in the development process. It is a strategy to make women's reproductive and educational rights a reality.

Few organizations have the institutional capacities and infrastructure to meet both the reproductive health and the literacy needs of women. For example, an organization that integrates reproductive health themes into a women's literacy program can increase demand for reproductive health services. However, it is probably unrealistic for the organization to develop and deliver reproductive health services in order to meet that demand. A sensible solution is to create "vital connections" between existing women's literacy programs and reproductive health services—in other words, an integrated health/literacy program.

Although few concrete examples of such programs exist, the purpose of this handbook is to build the case for establishing an integrated health/literacy program and to offer guidance on steps that literacy and reproductive health service organizations may take to do so.

The intended audience of this handbook includes managers in organizations offering literacy courses or reproductive health services, policymakers, donors, and others involved in community work to promote informed decision making among women. They are encouraged to draw upon these ideas, their own creativity, and the experiences and interests of their organizations to establish new interdisciplinary alliances.

Chapters 1 and 2 give brief overviews of integrated literacy programs and reproductive health services, respectively, to build a common ground for working together. Chapter 3 outlines the three key components—linkages between reproductive health services and literacy programs, curricula, and a participatory training system—as well as management issues involved in an integrated program. Chapter 4 guides organizations in selecting a partner organization with the appropriate capabilities that complement their expertise in either literacy or reproductive health service delivery. Subsequent chapters focus on the design and implementation of the key components. "Making the Connection" text boxes provide examples of how organizations have linked reproductive health and women's literacy. Appendices give more detailed information on specific program areas, including monitoring and evaluation, sources for identifying partner organizations, and useful publications with advice on implementing steps in an integrated literacy program.

Why Link Women's Literacy Programs and Reproductive Health Services?

- **To improve the health of women and their children**

  Both literacy and reproductive health services bring health benefits to women. Joining the two together has the potential to magnify these positive outcomes.

  Literate women have more exposure to family planning messages in print, radio, and television than their illiterate counterparts; have a higher level of acceptance of family planning messages; and have a higher rate of contraceptive use. Literate women also have higher rates of knowledge of acquired immunodeficiency syndrome (AIDS), higher rates of use of antenatal care, and are more likely to give birth in a health facility than illiterate women. In addition, literate women have lower malnutrition levels than their illiterate counterparts, along with lower percentages of nutritionally deficient children (Nepal DHS Family Health Survey, 1996). Children of literate women more often have access to oral rehydration salts for diarrhea, and are much more likely than children of illiterate women to receive all childhood vaccinations (Comings et al. 1994).

  Reproductive health interventions, particularly family planning, are also a cost-effective way to prevent many of the more than 585,000 annual deaths to women from complications of pregnancy and childbirth, as well as the 11 million deaths to children under age five in developing countries (Population Reference Bureau 1997).

MAKING THE CONNECTION

Common Concepts, Different Vocabulary

Literacy and reproductive health professionals use different vocabulary for concepts that have the same or similar meanings. For example:

Reproductive Health Services Manager Says:	Literacy Program Manager Says:
clients	learners or participants
provider	facilitator
communicate information	facilitate learning
deliver health services	deliver training
client-centered services	learner-centered

- **To help women act on their decisions about their reproductive health**
  Through literacy, women gain new attitudes and skills that can lead to informed decision making about all aspects of their lives, including their reproductive health. Critical thinking, problem solving, reading, and writing are powerful tools that can change the way a woman views herself and the world around her. However, a woman requires ready access to reproductive health services if she is to act upon her decision to use contraception for child spacing, to use condoms for preventing sexually transmitted diseases (STDs), or to seek trained health providers for childbirth assistance. Linking literacy and health services allows women to exercise their reproductive rights and act upon their reproductive health decisions.

- **To reach women who want to participate more fully in the world around them and in their own lives**
  As women become literate, they realize they have more options. Seventy percent of the world's illiterate population are women, and an equal percentage of the world's out-of-school children are girls. The number of illiterate women in the world will continue to grow until sometime into the next century (UNFPA 1994). Traditional formal schooling cannot reach all these women. Adult literacy programs will be the primary way to address the needs of illiterate women for the next several decades. Some literacy learners come from the poorest and most disadvantaged segment of a community. Linking literacy and reproductive health services can create connections between this difficult-to-reach group and existing programs.

- **To raise women's status**
  Women who have never had the chance to go to school usually have lower status in their communities. They are often excluded from making decisions that affect their lives and those of their children. Educational settings that foster group formation and leadership development can build women's confidence and the self-efficacy needed to adopt and sustain new behaviors—from starting new livelihood activities to using reproductive health services (Moulton 1997).

- **To encourage communities to consider change**
  Women who attend literacy programs are innovators; they are open to trying something new (Comings et al. 1995). They often become more willing than others in the community to adopt positive behaviors, such as eating healthy foods during pregnancy or using contraception. Once they find an innovation useful, they share it with others in their communities—leading to an evolution in community norms that paves the way for sustained behavior change. Women's literacy linked with reproductive health services can motivate people to seek and demand better health services, and can mobilize communities to make the changes required for improving the quality of their lives.

- **To expand the reach and improve the quality of reproductive health services**
  Through women's literacy programs, reproductive health services can reach more and better-informed clients. Literacy participants are also potential health service providers such as community-based distribution (CBD) agents, community health volunteers (CHVs), or peer educators.

- **Good quality communication with health providers is a major factor in client satisfaction with reproductive health services**
  Women's literacy programming can improve the quality of interactions between clients and health providers in many ways. When a literacy program connects a woman with health services, she is often better able to ask questions about and understand the information delivered by health providers. Health providers can develop a better understanding of the knowledge, practices, and attitudes of clients regarding reproductive health by applying principles of nonformal education in their meetings with clients. Reading materials can be developed for health care clients at the appropriate literacy levels. These assist the health provider in communicating reproductive health messages more effectively.

- **To strengthen women's literacy programs**
  Reproductive health content can improve the quality of a women's literacy program. Focusing a literacy program on content of interest to the learners can make learning more rewarding. Creating direct links between literacy and reproductive health services also gives women learners the chance to apply their new knowledge and skills, further increasing the value of becoming literate.

MAKING THE CONNECTION

The specific results of linking women's literacy and reproductive health services depend on the program's objectives as well as its approaches and strategies. The list below gives examples of results that can occur from an integrated health/literacy program.

Increases in women's:

- Enrollment in literacy programs
- Completion of literacy programs
- Reading, writing, and math skills
- Application of literacy and numeracy skills
- Self-confidence
- Self-efficacy
- Participation in community organizations and actions
- Awareness and knowledge of reproductive health matters
- Knowledge of sources of reproductive health services
- Use of family planning and reproductive health services
- Satisfaction with family planning and reproductive health services
- Communication with partners and other family members

Improvements in:

- Communication skills of health providers
- Availability of clear and accurate reproductive health materials
- Institutional capability for delivering reproductive health and women's literacy services

- **To build institutional capacities in both women's literacy programs and reproductive health services**

  Building links between existing programs can save resources, prevent needless waste and duplication, and create partnerships for sustainability. These links make it possible to reach more women than either program alone could, and reach them more effectively. Creating linkages gives organizations the opportunity to learn the opinions and meet the needs of segments of the community that might otherwise be overlooked. Both programs can gain increased credibility and support from the community.

CHAPTER 1

Understanding Integrated Literacy Programs: Basic Concepts, Terminology, and Practices

Literacy is the set of skills and practices that a person uses for reading, writing, and mathematics. Literacy programs that develop learners' skills as they learn about a specific topic area (such as health, family planning, or livelihood improvement) are called **integrated literacy programs**. The learners' lives—their concerns, their needs, and their situation—define the content of the integrated literacy program. By engaging participants in active learning of skills and content that focuses on their lives, integrated literacy programs foster women's abilities to make more informed decisions while improving their communication, reading, writing, and math skills.

In an integrated health/literacy program, the power of literacy emerges when the learner uses these new skills in a critical area of her life—her reproductive health. In other words, reproductive health content becomes the text of the reading and writing tasks that learners do to acquire and improve literacy skills. Access to reproductive health services through the program allows participants to take action to improve their reproductive health.

Nonformal education is education that occurs outside the formal school system. Nonformal education encourages learners to solve their own problems, to develop self-confidence, and to express their needs to others. Integrated literacy programs use participatory nonformal education methods and philosophies. Participatory nonformal education is not simply a proven methodology for knowledge and skill transfer; it is also a philosophy that values the capacities of individuals to grow, to learn, and to contribute responsibly to social development (Holcombe et al. 1996).

Principles for Adult Learning

Successful integrated literacy programs take into account the way adults learn. Adults learn best (Brookfield 1986):

- From experiential learning—direct experience enriched by discussions, explanations, and/or demonstrations.
- In an environment that is nonthreatening and conducive to building a community among the learners.
- When their expertise, opinions, and talents are invited, acknowledged, and respected.
- When they actively participate in the design, implementation, and evaluation of the educational program.
- When the materials and classes respond to learners' needs and competencies, including skills that can be used immediately.

- When materials and methods have clear goals and objectives.

- From educators who respect them, treat them like adults, allow them to be self-directed, expect to learn as well as teach, and are competent to guide activities and discussions.

Learners, Facilitators, Supervisors, and Trainers: What Do They Do?

Learners are the women who participate in the program by attending the literacy classes. *Facilitators* are the people who lead the lessons and help the learners develop their literacy skills. *Supervisors* visit the classes and monitor the quality of the lessons, help resolve problems, offer special sessions on specific topics of the integrated content or provide comprehensive information about content areas. *Trainers* use participatory nonformal education techniques to help facilitators gain the skills needed to lead literacy sessions and supervisors the skills required to supervise. Trainers also hold workshops for other staff to orient them to the program or to develop their skills as observers, and they visit the field to assess classes.

Features of the Successful Integrated Health/Literacy Program

- **Use of sound educational principles in curriculum development, instructional design, and training**
  Good materials and training are the two most important features of a successful program. Application of the principles of adult learning creates a better environment for learning and taking action.

- **Responsiveness to learners' needs**
  The value of the integrated health/literacy program lies in its ability to meet two learner needs simultaneously. For women who want to acquire both literacy skills and reproductive health knowledge, an integrated program saves them time and can lead to faster changes in reproductive health practices.

- **Collaboration and pooling of resources**
  Building on existing programs and networks in health and literacy may reduce the time and costs involved in offering services to women. Sharing of financial resources, personnel, and expertise allows organizations to make the best use of their strengths, thereby increasing their credibility and creating sustainable partnerships.

- **Supervision**
  Supervision systems with trained supervisors, many from the health service system, support the literacy groups and demonstrate the value of integrated approaches to health service providers. They also increase participants' access to health services.

- **Commitment to improving women's well-being and a grassroots approach to programs**
  Project outcomes are improved by staff commitment to obtaining continuous input from various players at all levels and implementing their suggestions.

MAKING THE CONNECTION

Integrating Health Content into Literacy Instruction: The HEAL Program in Nepal

More than 27,000 illiterate women in Nepal act as community health volunteers (CHVs), providing health education through meetings with mothers in the community. CHVs have identified literacy as a key skill for improving their ability to do their work. Mothers also want to acquire reading and writing skills while continuing to learn about health issues.

The Nepal HEAL (Health Education and Adult Literacy) program is a 15-month, three-phase program implemented by WEI in collaboration with the Ministry of Health and the Ministry of Education. During Phase I, village women and CHVs participate in a basic literacy course that teaches reading, writing, and math, using content based on a range of issues in learners' lives. Women meet for two hours a day, six days a week for six months. A health component, consisting of 12 half-hour poster discussion sessions on health topics, supplements the basic literacy course. A literacy facilitator, chosen by the participants, teaches the basic course. Some literate CHVs also serve as facilitators. Health staff from local health services and other community members act as supervisors, visiting the classes twice a month to provide support and teach the supplemental health component.

Phase II is a post-literacy course based entirely on health topics. During this phase, women meet for two hours a day, six days a week for three months. Usually the same facilitator teaches the classes. Supervisors continue to visit the classes twice a month. The neo-literates use specially prepared materials such as stories using a comic-book format, song lyrics, crossword puzzles, and word games to increase their literacy skills and health knowledge.

Phase III is a continuing education program, during which participants begin self-learning. The women meet as a group twice a month for six months to study new health-related literacy materials, many of them created by former literacy learners. If there is no CHV, the class chooses its own group leader from among the class members. The group leaders use the materials to start discussions and lead fellow learners toward concrete actions (e.g., latrine building, community clean-up days, use of health services) to improve their health and that of their families and others in the village.

Participation in HEAL is a powerful experience for many women. Not only do they learn to read and write, they learn about health topics and make use of health services. CHVs are able to communicate more clearly with the people they serve, and more people seek them out for information and services. These women are becoming leaders in their communities.

HEAL also fosters expanding partnerships between nongovernmental organizations (NGOs) and the public sector. Thirteen organizations now use the post-literacy health materials in their programs. The Ministry of Health and the Nepal Contraceptive Retail Sales Project have incorporated components of the post-literacy materials into their training and communication efforts.

SOURCE: World Education, Nepal. 1995. *Summary of Project Activities*. Boston: World Education.

CHAPTER 2

Understanding Reproductive Health Services: Basic Concepts, Terminology, and Practices

At the ICPD, government and NGO representatives agreed that meeting individuals' reproductive and sexual needs, rather than demographic goals, should be the central focus of reproductive health services. Countries are starting to adapt existing health services to reflect this call for broader, more holistic, and client-centered reproductive health approaches. Although family planning services are but one component of the larger category of reproductive health services, they can also be the doorway to other reproductive health services.

Principles for Family Planning as a Part of Reproductive Health Services

- **Focus on unmet need**
  Many women and men are not able to have the number of children they desire. For example, demographic surveys indicate that at least 120 million couples would like to limit their family size, but are not currently using any form of contraception (WHO 1997).

- **Emphasize quality services**
  The quality of services is a key factor in deciding to use family planning. Elements that comprise good quality family planning services include the availability of a variety of contraceptive methods and counseling on contraceptive methods; technically competent service providers; hygienic facilities; infection control; respect for clients; follow-up mechanisms; privacy; convenient location, hours, and days of service; and procedures for monitoring quality of services (Bruce 1990).

- **Ensure voluntary choice**
  Informed choice means that clients are told about a range of contraceptive methods from which to choose and are not pressured or persuaded to use a particular method (or any method at all). It means that providers of family planning services assist clients in defining their own reproductive goals and selecting the method that best meets their needs (Lyons and Huddart 1997).

- **Integrate other reproductive health interventions into family planning services**
  Besides family planning, reproductive health services include both clinical and nonclinical interventions that aim to prevent and treat sexually transmitted diseases (STDs), including HIV/AIDS; ensure safe pregnancy and childbirth; prevent and treat infertility; manage the consequences of unsafe abortion; and promote healthy sexuality. The particular circumstances of a program determine the interventions integrated into family planning services. Many family planning programs now include risk assessment, HIV/STD prevention information, and condom counseling as part of their services. Integrating reproductive health interventions into family planning services requires strengthening coordination, linking or

diversifying existing services, and adding new ones (Ashford 1997).

How Do Family Planning Services Work in the Community to Promote Reproductive Health?

Client-centered, community-based family planning services combine the following elements as part of their reproductive health services (Lyons and Huddart 1997):

- **Information, education, and communication (IEC)**

  IEC addresses the behaviors leading to improved reproductive health. Activities take place in the community and in the health facility. They range from one-on-one counseling to public information campaigns using mass media. IEC clarifies misunderstandings and rumors about reproductive health issues, encourages the use of appropriate care, and helps build supportive environments for trying and sustaining new health behaviors. IEC materials also tell people where and when services are available.

- **Counseling**

  The family planning counselor provides information privately to a client so that the client can decide which contraceptive method to use, if any, and what action is best for her or him. Counselors provide support by answering specific questions and giving concrete advice. Both new and continuing clients require counseling. The keys to effective counseling are listening to clients' concerns, respecting their decisions, and assisting them to find a solution that best suits their reproductive health needs. Counseling may also help clients practice communication and negotiation with partners about reproductive intentions, condom use, and other issues related to healthy sexuality.

- **Contraceptive services**

  Family planning services provide contraceptives and resupply the clients as they need more. Different contraceptive methods require different service conditions. For example, workers who counsel clients and distribute oral contraceptives and condoms in the community have different training and facility requirements than workers who insert intrauterine devices (IUDs) or perform sterilizations or tubal

MAKING THE CONNECTION

Couple Communication: Empowering Women While Promoting Male Responsibility

To maintain reproductive health, couples need to cooperate and communicate. However, in many countries, few couples discuss reproductive health matters and spousal communication about family planning is minimal. Surveys demonstrate that partners often have incorrect ideas about their partners reproductive wishes and intentions. Other studies show that contraceptive continuation is higher when couples agree on the specific method to use.* Helping women gain the confidence and skills needed to talk about family planning, contraceptive use, or sexuality fosters women's empowerment while promoting male responsibility for their own reproductive behavior and the well-being of their families. Building skills in communication is an activity that easily lends itself to community settings. Community health workers and literacy facilitators can help women script dialogues to initiate discussion and counter possible spousal concerns. Learning these skills also helps women to identify their positive personal attributes and may contribute to more equitable relationships between women and men.

*Becker, S. 1996. Couples and Reproductive Health: A Review of Couple Studies. *Studies in Family Planning* 27 (6): 291-306.

ligations. The range of methods provided in a program depends on such factors as costs, clinical requirements, and availability of staff and facilities.

- **Referral for other reproductive health services**
  Family planning services provide referrals to reproductive health services unavailable at a particular site or time. These may include antenatal care, child health, STD diagnosis and treatment, and infertility treatment. Mechanisms to follow up on referrals are also important.

Service Delivery Models

Common approaches to delivering family planning services include community-based distribution (CBD), social marketing, and clinic-based services. CBD takes services closer to the people who need them. CBD agents residing in the community provide family planning education and distribute a limited range of contraceptive methods (typically oral contraceptive pills and condoms). CBD agents also identify possible side effects and refer clients who require additional assistance or services. Social marketing programs sell contraceptives, usually condoms and oral contraceptives, at pharmacies, kiosks, and small shops. Trained shopkeepers ask clients about possible contraindications before selling contraceptives, and they refer people with side effects or additional needs. Clinics have permanent staff and offer a greater range of family planning methods and reproductive health services than CBD and social marketing programs. Clinics receive clients from CBD agents, and CBD program supervisors often work in clinics (Lyons and Huddart 1997).

Other kinds of reproductive health services are also provided at the community and clinic levels. Traditional birth attendants are often the only providers of childbirth services, although some women may opt to deliver a baby in a clinic or health center when such services are easily accessible and culturally appropriate. Peer educators provide information about STDs, HIV/AIDS, and safe sexual practices along with condom distribution in settings from factories to plantations. Maternal and child health clinics offer antenatal and postpartum care as well as nutrition information and services. Women's organizations may have women's support groups that address issues of partnership and sexuality.

CHAPTER 3

Vital Connections that Make a Difference: Issues in Design, Management, and Evaluation

An integrated health/literacy program involves integrating reproductive health content into women's literacy courses and building direct links to reproductive health services. It follows a cycle familiar to managers of human service programs; that is, needs assessment, program design, implementation, and evaluation. Feedback mechanisms—supervision, monitoring, and interagency coordination—are built into all stages of the cycle to ensure that the needs of learners and clients remain at the center of the program. Evaluation strategies and indicators are selected and developed during program design, and information resulting from monitoring leads to revisions and refinements. An integral part of the program is "capacity building," the process that improves organizations' ability to manage programs over the long term.

Three Components in the Integrated Health/Literacy Program

An integrated program draws upon the capabilities of existing literacy programs and reproductive health services to create and manage three program components:

- **Direct linkages** to reproductive health services and providers.
- A **set of curricula**, including materials tailored to the literacy and reproductive health needs of learners and curricula to guide facilitators, trainers, supervisors, and other program staff.
- A **participatory training system** to prepare staff to carry out their roles in the program.

Chapters 5, 6, and 7 provide additional information on the design and implementation of these components.

Specific Approaches to Connecting Women's Literacy Programs and Reproductive Health Services

The integrated health literacy program may take many of the approaches below:

- **Add reproductive health content into an existing literacy program**
  This can be accomplished by creating new materials, revising existing ones, or including supplemental lessons to an existing program. In addition to family planning and antenatal and postpartum care, topics such as STDs, HIV/AIDS, gender equity, and sexuality can be included in the course content.
- **Create a post-literacy course and materials that focus on reproductive rights and reproductive health**
  This provides women with continued development of their literacy skills as well as a mechanism for health care providers to introduce their services while women are

learning about the importance of reproductive rights and health.

- **Include community health workers as learners**
  Although illiterate community members are effective health service providers in many settings, literacy skills improve the performance of health workers and bring the benefits of reading, writing, and numeracy skills to health workers. Good candidates for participation in women's literacy classes are community-based distribution agents and others involved in reproductive health services, such as traditional birth attendants and HIV/AIDS peer educators.

- **Use health workers as literacy facilitators**
  A variety of health service providers, from community health workers to clinic-based staff, can be trained as facilitators.

- **Recruit health service providers as supervisors**
  With training, reproductive health service providers can support literacy facilitators with guidance on how to present lessons and answer questions about health-related materials. They can also reinforce the reproductive health content of the class through "guest lectures" and dialogue with learners.

- **Design and monitor a system to refer learners to reproductive health services and to refer clients of reproductive health services to women's literacy programs**
  Beyond the informal links created through the presence of health providers as learners, facilitators, or supervisors, formal referral mechanisms can ensure that learners have access to health services.

- **Improve health worker communication skills**
  Literacy program staff can give health service providers training in adult education and participatory learning techniques.

- **Produce materials that strengthen both literacy and health services**
  Representatives of health services and literacy programs can collaborate to create educationally and technically sound reproductive health

MAKING THE CONNECTION

Learner-Centered Education Improves Health Service Delivery in the Philippines

In the Philippines, the Area-Based Child Survival and Development (ABCSD) program used integrated literacy approaches to improve health staff communication with illiterate women and their families while building literacy skills in the community. ABCSD staff and representatives of other agencies, with assistance from World Education, developed a learner-centered curriculum that outlined clear key messages on nutrition, family planning, oral rehydration therapy, breastfeeding, and water and sanitation. The key messages served as the basis for literacy and numeracy exercises. This learner-centered approach increased women's confidence in health workers and resulted in more women visiting their local health centers.

SOURCE: World Education, 1992. *Using Nonformal Education to Strengthen Local Capabilities to Deliver Maternal and Child Survival Programs in Seven Provinces in the Philippines: Area Based Child Survival and Development Program.* Manila: UNICEF.

MAKING THE CONNECTION

Throwing Color in Women's Lives

Illiterate and semi-literate women in isolated Peruvian communities identified high prices, alcoholism, unemployment, domestic violence, and caring for many children as their most important problems. A fictitious local family facing similar difficulties became the focus of pictorial booklets designed to encourage the women to consider the roles that family planning and immunization could play in protecting family health. Trained community workers used the booklets to facilitate discussion and problem-solving in women's groups. Women received crayons or colored pencils and colored the pictures, either as a group activity or at home with the participation of family members. Women said that the pleasant task of coloring and the ability to identify closely with the family in the booklet made it easier to talk about sensitive and embarrassing topics such as anatomy, contraceptive use, and domestic violence: "Drawing, we throw some color on our lives." The opportunity to participate in a learning activity was a first for many and motivated them to enroll in adult literacy classes. "Education is the best thing we can have and pass on. But they haven't let us women learn, as if we were animals in the field." In several communities, the groups decided to take joint action. One group organized a community pharmacy. Another held a community women's health fair, and a third petitioned the local government to build a health post closer to their village. Asociación Perú-Mujer, which developed the project, replicated this approach for a variety of health care issues. Staff at the Adult Education Program in the Ministry of Education, who were involved in the project activities, used their experience to develop materials on sexuality and family planning for its national literacy program.

SOURCE: Haffey, J., N. Newton, and H. Palomino. 1990. Colouring-in our lives. *People* 17 (2): 20-21.

materials and methods for use in their respective programs. Existing IEC materials used by reproductive health services may have correct information about reproductive health but fail to take into account the literacy skills needed to understand or apply that information. Likewise, women's literacy programs may use materials with inaccurate health content. By working together, the "E" or education part of IEC messages and materials can be strengthened. Furthermore, sharing messages and materials avoids the dissemination of conflicting messages in the community.

- **Use health service trainers and providers to assist in training facilitators of women's literacy classes**

  Reproductive health trainers can help literacy facilitators become knowledgeable about reproductive health and comfortable with discussing issues related to human sexuality.

- **Involve literacy learners in community health education and outreach activities**
  Learners can create and share with the community their own educational methods and materials, such as dramas, posters and flyers, and they can organize and work in health-promoting activities such as health fairs, immunization days, and community clean-up days.

- **Share facilities**
  Clinics may have community rooms that can be used for women's literacy classes or for training purposes. Reproductive health services can be delivered at the site of women's literacy classes through community-based distribution agents and mobile clinics.

Planning the Integrated Health/Literacy Program

The planning process follows familiar steps.

- **Conduct a needs assessment.**
  At the center of the needs assessment are the literacy and reproductive health needs of the women who will participate in the program. The assessment pays particular attention to the cultural and religious norms that define gender roles and affect women's ability to benefit fully from an integrated health/literacy program. Some of the gender issues a needs assessment must address are community members' attitudes toward women learning to read and write, toward women leaving home for two hours every day to join other women and study, and toward using male facilitators in classes of female

MAKING THE CONNECTION

Extend Your Leg Before You Tie a String to the Umbilical Cord : Respecting Indigenous Medical Beliefs and Practices in Literacy Materials

In remote indigenous communities in the Andes of Bolivia, treatment of a retained placenta (a potentially life-threatening condition) involves tying a string from the baby's umbilical cord to the mother's big toe. This traditional practice can cause severe damage to the woman's uterus. NGO staff working with women to develop a set of literacy materials on reproductive health topics learned that women rejected messages based on the biomedical model of medicine; for example, "Do not tie a string between the cord and your toe." Instead, staff negotiated new and improved health practices with the community, based on mutual respect for each other's beliefs and practices. This resulted in credible messages, such as "Extend your leg completely before tying the string," that could lead to better health practices as well as a sense of pride and ownership in the materials.

SOURCE: Howard-Grabman, L., et al. N.D. *The Warmi Project: A participatory approach to improve maternal and neonatal health. An implementor's manual.* Arlington, VA and Westport, CT: JSI/MotherCare and Save the Children.

Table 1: Possible Needs and Potential Solutions by Program Component

COMPONENT	PROBLEM OR NEED	POSSIBLE SOLUTION
Direct links to reproductive health	Women want family planning services, but religious custom disapproves of modern contraception. Reproductive health service providers consider serving as supervisors in the program an unnecessary burden.	Include religious perspectives on reproductive health in the curriculum. Work with service providers to identify ways to make supervision less of a hardship and find concrete examples of how the program can make their jobs easier.
Curriculum	Existing literacy curriculum includes child health topics, but not reproductive health themes.	Work with reproductive health service providers and learners to create materials with reproductive health content.
Training	Literacy facilitators oppose women's rights to reproductive health services.	Incorporate dialogue about reproductive rights and family health into training for facilitators.

learners. The needs assessment also specifically considers the components of an integrated program. Table 1 gives examples of possible needs and ways in which the program may address them.

- **Provide feedback to learners, community members, and other stakeholders**
  Sharing the results of the needs assessment with stakeholders generates support and consensus for proposed actions and gives voice to issues and groups that may have been overlooked.

- **Develop program goal statements and objectives**
  Goals and objectives define the expected program results.

- **Plan activities**
  Activities for each component of the program depend on the goals, objectives, and selected approaches.

- **Orient stakeholders to the program**
  A meeting with community members to describe the program and how they can support the women participating in it can help achieve program goals and objectives.

Managing the Integrated Health/Literacy Program

The partnership between organizations and the implementation of the three program components are management issues specific to an integrated health/literacy program. Communication between the partner organizations and distribution of materials, money, and other resources require attention. Other areas of focus are literacy class

MAKING THE CONNECTION

Managing for Success: HEAL in Nepal

Management of the HEAL program in Nepal relies on supervision, monitoring, and coordination among the implementing national and international NGOs, health services staff, and community health volunteers.

- **Ongoing supervision by a class supervisor in each district.** The supervisor meets regularly with NGO staff and visits each class twice a month throughout the six-month basic and three-month post-literacy courses. Facilitators and learners express their concerns directly to the supervisors, and facilitators receive support and on-the-job training. During field visits, supervisors collect data on a standard form and give one copy to the facilitator and another to the District Public Health Office. This keeps local officials apprised of the program and gives managers the information needed to adjust activities.
- **Ongoing supervision by program officers.** Program officers based in the national capital spend approximately 50 percent of their time in the field. During their district visits they work at a variety of levels, communicating information to the learners, NGO staff, and class supervisors.
- **Bimonthly district-level coordination meetings.** Participants include the District Health and Education Officers and individuals representing the learners, the facilitators, the supervisors, the communities, and the organizations involved in the program. Discussion centers on the program's progress and logistics, achievements, problems encountered, and the development of mutual solutions.
- **Monthly central-level coordination meetings.** Senior managers from all participating international organizations share accomplishments, develop strategies for dealing with problems that arise, review materials in development or revision, seek and support linkages between the HEAL program and other development efforts, and coordinate monitoring and evaluation efforts.

content, facilitator delivery, and learners' use of literacy skills and reproductive health services. Progress toward sustainability also interests managers. Appendix A gives examples of routine data to collect to monitor the three program components.

Evaluating the Integrated Health/Literacy Program

Evaluation of the integrated program systematically examines how the program has benefited learners, their families, their communities, and the organizations involved. It tries to determine the relevance and success of a program by answering questions about everyone involved in the program. Appendix B gives examples of indicators to use in evaluating the program.

MAKING THE CONNECTION

Evaluating HEAL in Nepal

At the completion of the six-month basic literacy course, supervisors, facilitators, and the organizations involved in HEAL complete questionnaires that solicit opinions of the project's progress. Pre-tests and post-tests measure changes in learners' literacy skills and health knowledge. Additionally, learners and community health volunteers provide feedback after the basic literacy course and at the end of the project through focus group discussions. They talk about how the project affects their lives and give suggestions for improvement. The evaluation also assesses NGO performance.

MAKING THE CONNECTION

A Working Definition of Capacity Building

In Malawi, 24 NGOs involved in expanding community-based family planning and STD/HIV/AIDS programs agreed on a definition of capacity building. NGO staff, government officials, and technical experts together defined institutional capacity as an organization's technical, program, and managerial capabilities and its ability to mobilize its respective constituent community. Capacity building was the set of activities and interventions that strengthened those dimensions of capacity, which occurred through training, technical assistance, program implementation, and monitoring and adjustment of strategies.

SOURCE: Okunnu, M.A., K. Sklaw, and W. Chisimba. 1998. *Building NGO institutional capacity for community-based family planning and STD/HIV/AIDS program expansion: Practical lessons from Malawi.* Paper presented at the National Council for International Health's 25th Anniversary Conference, Arlington, VA.

Building Institutional Capacities Through the Integrated Health/Literacy Program

Training, technical assistance, ongoing assessment, and the experience of working in partnership to carry out the integrated program are part of capacity building. The benefits of networking, sharing resources, collective discussion, and negotiations all contribute to program sustainability.

CHAPTER 4

Building a Partnership

The integrated health/literacy program generally involves two organizations working in partnership, one with expertise in literacy and one that offers reproductive health services. The organizations share skills and resources to create a sustainable program. An individual organization first needs to decide whether becoming involved in creating and managing an integrated program is practical and appropriate. It then needs to identify a potential partner organization with complementary capabilities and begin discussions. The partners subsequently define how they will work together.

Deciding to Create the Integrated Health/Literacy Program

The questions in Table 2 can help an organization clarify its capabilities for and commitment to implementing an integrated program. The answers also generate understanding of how the program fits into ongoing community development efforts and national development goals. Managers, technical and program staff, boards of directors, and other outside advisors contribute to discussions of these questions. Documents such as evaluation reports, management audits, and organizational plans may also yield valuable information.

MAKING THE CONNECTION

Good Intentions Do Not Guarantee Success: Advice for Successful Partnerships

- The partnership philosophy must become part of the partner organizations' cultures.
- Partners' staffs must build expertise by experimenting with new methods and evaluating the results.
- The partners must share common goals, values, and accountability.
- The arrangement must serve the interests of all partners and measurably benefit the target audience.

SOURCE: The Promise of Partnership. 1997. *Social Marketing Matters* 1 (5): 15-16.

Table 2: Are We Ready to Move Ahead with the Integrated Health/Literacy Program?

PROGRAM ISSUE	QUESTIONS TO ASK
Women's Literacy	• Is women's literacy a priority for the population or communities we are trying to reach? • How could literacy skills help women to reach their goals? • What is the current government position on adult and out-of-school youth literacy? • Is there a government literacy program? What curriculum and approach does it use? Who attends? What do community members think about it? • Why was the program started? What are the politics around the program? • What has the program achieved? What are its strengths? Its weaknesses? • What other kinds of literacy and development programs have been tried? What were the results? If they did not succeed, why not? • What kind of integrated literacy and health programs exist already? How can we incorporate these programs or materials into the integrated health/literacy program?
Reproductive Health •	Are reproductive health services a priority for the population or communities we are trying to reach? • What do we know about their reproductive health needs? • What are the national policies and practices regarding reproductive health services? Is there an action plan for follow up to the ICPD? Does the plan specifically address linking women's literacy and reproductive health services? • How could the policies (or lack of policies) support or hinder the integrated program? • Historically, what has been the country's and community's experience with reproductive health services?

PROGRAM ISSUE	QUESTIONS TO ASK
Policy Environment	• What kind of political support exists at the national, district, local, and community levels for intersectoral programs to empower women? • Who are the key stakeholders to involve in the program and in what capacity? • What other organizations are involved in women's literacy, reproductive health, and social development in the public and private sectors? What roles might they play? • What role could the university system play? What resources does it have to offer? • What kind of opposition to an integrated health/literacy program might arise?
Programmatic Resources	• How much experience does our organization have in women's literacy programming? In reproductive health services? • What organizations with capabilities in literacy or reproductive health services have we worked with in the past?
Reproductive Health Services	• What reproductive health services exist in our organization and in the community (including in other organizations)? How could learners be linked with them?
Curriculum	• What resources are available in our organization and in the community to design and deliver a curriculum?
Training	• What resources are available in our organization and in the community to provide quality training services for the literacy facilitators, the supervisors, the trainers, and the health service providers?
Organizational Capacity	• How will this new program fit in with our current goals, programs, and funding commitments? • How might an integrated health/literacy program improve our work and the work of potential partners? • What services can we provide right now? • What are our staff skills in general?

PROGRAM ISSUE	QUESTIONS TO ASK
Organizational Capacity (continued)	• Which staff have skills that match the needs of the program? • Will additional staff be needed? • What staff training is needed? • What material resources are available? • What financial resources are available?
Sustainability	• How does linking women's literacy and reproductive health services fit into our organization's mission? • What experience do we have with collaborative programming and network building? • Can such a program attract resources to cover costs? • What are potential sources of support for this program? • What improvements are needed in our internal systems (financial, managerial) to support the program? • How large should our initial program be? • What avenues are there for expansion and replication?

Identifying Potential Partners

If the discussion of the questions in Table 2 does not identify potential collaborators, Appendix C lists sources of information about organizations and programs in literacy and reproductive health services that might serve as partners in the integrated health/literacy program.

Discussing the Integrated Health/Literacy Program with Potential Partners

The following questions can help assess the type of collaboration or partnership that might develop and whether the partnership is a good fit between two organizations.

- What is the potential partner organization's mission? Is it compatible with our organization's mission?
- How strong is the potential partner organization? Is it well established?
- What is the organization's image or reputation among the potential learners and health service clients? In the communities where it will operate? Among other organizations?
- Does it have a director or leader who is truly committed to improving women's status?
- Does its leadership support an atmosphere open to sharing?
- What kind of governing structure does it have?
- Do all decisions depend on a single person?
- Why is the organization interested in collaboration?

- Is it interested in strengthening its program(s)?
- Does it understand that the integrated program involves both reproductive health content in literacy courses and links to reproductive health services?
- What kind of experience does the organization have in working with other organizations, networks, or consortiums?
- Is it willing to modify its approaches to include either women's literacy or reproductive health services?
- Does it have staff who can be responsible for the joint program?
- What support for implementing a linked program does this staff have?

Defining the Partnership

If the analysis of the questions above indicates that a collaborative program is feasible and desirable, it is time to establish guidelines for working together. Setting up a system for coordination and collaboration at the outset improves the chances that the program will achieve its goals.

A formal "Memorandum of Understanding" between partner organizations specifies each organization's roles and responsibilities as well as the program's work plan and budget. Coordinating mechanisms address the following:

- Coordinating structures at each level of program operation (central, district, local or community).
- Membership in coordinating structures and how to handle changes in membership.
- Frequency of meetings.
- Setting meeting agendas.
- Communication of deliberations and decisions to all levels.
- Mechanisms to resolve disputes and problems.
- Methods to publicize results, increase awareness, and build support among stakeholders, donors, and other influential parties.

CHAPTER 5

Building Direct Links Between Women's Literacy Programs and Reproductive Health Services

Access to reproductive health services is essential for women to exercise their reproductive rights. The integrated health/literacy program facilitates access by creating an effective referral system to direct women literacy learners to reproductive health services and clients of reproductive health services to women's literacy programs. The reproductive health concerns of learners and the reproductive health services available in the community determine the referral system and help to define the content of the curriculum and the training system.

Designing Linkages between Women's Literacy and Reproductive Health Services

The needs assessment identifies the reproductive health needs of the learners or clients, the type and quality of available services, and the potential barriers to access to these services.

Understanding the factors that influence the reproductive health behavior and decisions of women in the community is important. The cultural and religious norms of women and the societies in which they live influence their perceptions of and experiences with reproductive health services and issues. Gender norms shape women's reproductive health experiences by determining who has access to information, who has the power to negotiate contraceptive use, who decides family size, and who controls the economic resources to obtain health services (Barnett and

MAKING THE CONNECTION

Autodiagnosis: Women Identify and Prioritize Their Problems

Using drawings that depicted women with various conditions related to reproductive health, program staff and women in rural Bolivian communities worked together to learn about how women perceive reproductive health problems and how they respond to them. In a series of four sessions, lasting several hours each, women first discussed the problems and later ranked them in order of priority. This qualitative research process raised women's awareness of specific problems, while motivating them to look for solutions within their communities. The process of self-reflection, communication, and group decision making built women's self-confidence and developed trust between program staff and communities. The information generated by the women about priority problems was used to develop a set of materials, which were incorporated into literacy and health education efforts.

SOURCE: Howard-Grabman, et al. N.D. *The Warmi Project: A participatory approach to improve maternal and neonatal health. An implementor's manual.* Arlington, VA and Westport, CT: JSI/MotherCare and Save the Children.

Stein 1998). Furthermore, community members and health service providers often have very different perspectives on reproductive health and reproductive health services. An integrated program takes into account how social expectations of women's roles affect their experiences, and recognizes that providers and women's concerns may be different or even conflict.

Why Is a Referral System Important?

Although the presence of health providers as learners, facilitators, or supervisors may create informal links between women's literacy and reproductive health services, formal referral mechanisms consolidate these links. With a formal referral system between the women's literacy classes and health services, learners can act on their reproductive health decisions. Referral systems improve the quality of services through follow up and feedback. Referral systems can also link reproductive health clients with women's literacy programs.

Steps in Establishing an Effective Referral System *(Lyons and Huddart 1997)*

- **Identify the reproductive health service referral sites**
  The first step is gathering detailed information (location of the service, operating hours, transportation options, description of services, and costs) about the services offered by the partner organization.

- **Formalize and document referral relationships**
  Partner organization and referral site staff then meet to obtain formal commitments from health care providers at the referral points, document the referral network relationships, and provide program staff and reproductive health service providers with all details about the referral system. This process also clarifies the roles and responsibilities of staff.

- **Incorporate the referral system into the other program components**
  The referral system needs to be incorporated into the learners' curriculum and related materials, the training system, and the information system for monitoring. Lesson plans include information for learners on how the referral system works, the specific service sites and services offered, and what learners can do to make the referral system work for them.

- **Train staff for referral**
  As part of training, literacy facilitators visit the referral services to observe procedures and meet the reproductive health service providers. Service providers become familiar with the literacy program. Training for facilitators, reproductive health providers, and supervisors includes details of the referral network and completing referral processes and procedures.

- **Establish an information system to monitor referrals**
  A referral information system includes the following data collection mechanisms:

  - **Client referral card.** The women's literacy program staff (the facilitator, supervisor, or visiting reproductive health provider) gives the referral card to the learner to direct her to a specific reproductive health service site. Staff and learners should understand that a referral card is not required to receive reproductive health services; it is a way to make it easier for women to access services.

MAKING THE CONNECTION

Let's Talk Health

"Let's Talk Health" grew out of two concerns: the need for health education on maternal and child health issues for women and girls in two slum areas of Nairobi, and the need for relevant health-education materials that could be used with hard-to-reach clients in the two areas.

Community-based distribution (CBD) agents and staff from three NGOs designed and conducted a baseline survey of knowledge, attitudes, and practices related to reproductive and child health. The analysis of the survey results helped the staff and service providers reassess their assumptions about their clients' information needs. Working with nonformal education specialists to produce new materials to address these information needs, the staff and providers defined essential health messages, gained new training, and developed teaching skills for communication with clients.

The materials emphasized learner-driven dialogue and discussion. The CBD agent asked questions to stimulate discussion and then built the sessions around the learners' knowledge. Rather than tell the learner everything she needed to know, the CBD agent focused on conveying the key messages for that topic and promoting client dialogue.

SOURCE: Mullinix, B. and F. Gachanja. 1995. *Let's talk health: Promoting participatory health education in Kenya.* Reports 31: 20-23.

- **Referral record.** The literacy program staff keep a record of all learners referred.
- **Referral source.** Referrals from the literacy program are documented on the client cards at the reproductive health service site.

To protect learners' confidentiality and respect their autonomy, reproductive health service sites do not report to women's literacy programs on individual outcomes of referrals. However, the integrated health/literacy program does need to document and monitor referral patterns to assess the results of linking women's literacy and reproductive health.

CHAPTER 6

Preparing a Curriculum

The learners' curriculum forms the basis for instruction in the integrated health/literacy program. The curriculum helps women learn basic reading, writing, and numeracy skills as well as what they need to know to make informed decisions about reproductive health. It conveys relevant and motivating messages, and includes materials that new readers can understand. It uses methods that help learners question attitudes and develop skills, and it provides opportunities to practice the new skills.

Curricula for Different Users

The integrated program uses various training curricula, all built around the learners' curriculum:

- The **learners' curriculum** is organized around the key concepts or key messages related to the reproductive health themes. It contains the materials and activities learners use to gain literacy skills and reproductive health knowledge. The curriculum is often divided into modules, with one or more for each theme (for example, STDs, safe motherhood, or family planning).

- The **facilitators' guide** contains the lesson plans and orients facilitators to the use of the learners' materials in literacy classes.

- The **trainers' curriculum** helps the trainers train the facilitators in the use of the learners' curriculum.

- The **curriculum for training supervisors** aids trainers in preparing the supervisors to carry out their duties.

- **Other materials (as needed)** orient other program staff and local leaders to the program.

Designing a Curriculum for the Integrated Health/Literacy Program

Curriculum design begins with a review of the findings of the needs assessment. Design takes into account the needs of learners, the sociocultural factors affecting women's participation in education, and current literacy programs. Learners' literacy skills, reproductive health needs, and living situations shape the content and methodologies of the curricula. Agricultural cycles, holidays, or organizational commitments can also affect the duration and scheduling of literacy classes. The preference of learners is the most important consideration in deciding the language for literacy instruction. Becoming literate in a local language may be easier than learning in a less familiar national language. However, many learners choose to learn to read and write in a language other than their own when they perceive that language to be more useful. An integrated program may expand upon or adapt literacy materials already in use or it may create new ones.

MAKING THE CONNECTION

Instructional Methodology in the Nepal HEAL Program

A lesson begins with the presentation of an illustration of a health issue in the community (e.g., small family size). Learners describe what they see and discuss the health aspects. Next, learners take turns standing before the group, discussing the illustration while pointing out specific aspects of it on a poster-sized version visible to all. For some learners, this is their first experience speaking before a group. This practice in talking within a group provides learners with a skill they need to negotiate within their families and communities—a skill that is particularly important in exercising women's rights and improving women's status.

Learners then move on to learn to read a specific word associated with the health issue. At this point participants are learning a whole word, but they move quickly to learning its syllables and letters along with other words that can be made with the same letters. Learners acquire these skills, in part, through card games that display the letters and syllables. During these games, learners actively discuss options and help each other to make words. The group activities, besides being fun, help to build a stronger network among the women.

Next, learners interpret a four-frame story presented without words. Learners study the story in small groups. Then one group member reports the group's understanding of each frame. This activity shows that a story can be told by pictures alone. Participants brainstorm what the characters might be thinking or saying. They may also role-play the story.

In the next step, learners read a simple dialogue without pictures. Then, the two forms— pictures and dialogue—are put together. After that, a dialogue similar to the one just learned is presented in a comic-book format with the dialogue.

Eventually learners read complete stories. Much later in the curriculum, they begin reading text that provides practical instruction, such as how to mix oral rehydration solution. Learners again stand before the group to read and discuss the information presented in the text. This activity builds oral presentation skills while reinforcing the content. Participants also learn how to answer oral and written questions about the text to further develop their comprehension skills.

Developing Materials for a Curriculum

The development of materials engages many sectors in a hands-on approach. This strategy builds capacity through participatory and engaging nonformal education techniques, furthers partnerships through long-term contact and continuity of effort, and supports greater investment by partners in the materials and better understanding of their use.

Partner organizations may adapt the methodology and its steps according to their needs and the program timeline. Preparation of the draft materials often takes place in a workshop that brings together literacy specialists, curriculum designers, and reproductive health personnel.

- **Build common ground and identify the content of the curriculum**
  Partner organization staff begin by building a common understanding of the methods and content of integrated literacy programs and reproductive health. They focus on the learning process to be used in the literacy materials and organize the curriculum into modules. Each module consists of learners' materials, such as illustrations, games or flip charts, and a facilitators' guide with lesson plans (Kahler 1998). Data from the needs assessment help identify key concepts (or key messages) related to each theme. For each key concept, participants define the "learning, doing, and feeling" (or knowledge, practice, and attitude) objectives.

- **Draft lesson plans-outlines of the lesson plans for each module flow from the objectives for each concept**
  Staff divide into small work groups and each group develops a full draft of at least one module. Sometimes different work groups prepare the same modules in different languages, depending on the program circumstances. Each module includes a variety of learning activities and uses techniques from nonformal education:

  - **Discussion** to establish what people know about the key concept.
  - **Introduction of new information** through activities such as role-plays, case studies, field trips, or games.
  - **Application of the new information** and existing knowledge (reading, writing, demonstration).

MAKING THE CONNECTION

Values Guide Materials Development Team

The Women's Literacy Program of the Ministry of Basic Education and National Languages of Senegal and three literacy NGOs collaborated to produce integrated literacy materials focused on reproductive health themes. Before beginning to develop the materials, the multidisciplinary team agreed upon a list of values that supported their efforts. The values below guided them throughout the process:

- Use of national languages for literacy instruction and for the development of the facilitators' guide
- Health as a human right, especially for women (and the need to present women with choices)
- Education for empowerment

SOURCE: Kahler, D.W. 1998. *Trip Report: Women's Literacy Initiative Senegal: Collaboration PAPF/SEATS/WE.* Boston: World Education.

- **Reflection** to move from class-based use of information to strategies for sharing the information with other people and identification of new learning needs.
- **Evaluation** as an activity to let the facilitator and the learners know if the objectives for the lesson have been reached.

- **Prepare supplementary information for facilitators' guide**
  The facilitators' guide contains information on nonformal education and literacy methods. It may serve as the common element for different language versions of the learners' curriculum.

- **Field test the materials**
  The next step is a six-month "test-in-use" of the modules in a few ongoing literacy classes. Staff make monthly supervisory and monitoring visits. During the visits, they collect information through interviews and observation to answer the following questions:

  - Is the curriculum sequenced properly so that learners move easily from no literacy to some literacy?
  - Are the pictures relevant to their lives?
  - Is the curriculum fun and engaging?
  - Do the lesson plans and instructional steps work and flow?
  - What have the learners learned? How have they applied their knowledge and skills?
  - Does the curriculum help women connect with reproductive health services?

- **Revise curriculum and materials**
  At the end of the field test period, a workshop brings together staff, specialists, and literacy facilitators to share lessons learned, identify what works well with the materials and the teaching approach, and determine what needs to be modified based on the field test. Revisions are made as necessary.

- **Introduce materials into ongoing programs**
  After a second field test, the curriculum can go through a final revision and be readied for widespread use. At that time, partner organizations assist with the dissemination of the materials to other organizations involved in women's literacy and reproductive health.

How Can Learners Generate Their Own Materials?

With support from partner organizations, newly literate women can create their own post-literacy materials. In a short workshop, the former literacy learners can draft different types of materials about specific content areas. Working in groups or alone, they can prepare stories, poems, songs and lessons. A local artist can create illustrations for discussion sessions. These materials can then be reviewed for technical accuracy, field tested, revised, and supplemented with additional text.

Why Use Learner-Generated Materials?

The value of learner-generated materials is often twofold. Learners' experiences are validated and their self-confidence promoted by publishing stories about their lives, essays about their experiences with illiteracy, poems and fictional prose in booklets or magazines. When used in literacy instruction, learners' writing uses words and content that are appropriate for learners' peers, thus making the text both interesting and readable. Furthermore, reading text written by fellow learners motivates the reader. Publication and use of the materials by fellow learners help to remove the belief that writing is only for learned authors.

MAKING THE CONNECTION

Tin Trunks: Village Libraries in Nepal

In Nepal, learners who have graduated from a HEAL program receive and manage a "tin trunk library," a mini-library containing 200 story books, pamphlets, and textbooks. The trunks give school children, villagers, and families access to reading materials, and women the opportunity to use their reading, writing, and numeracy skills. Included in the trunks is *Women on the Move*,* a book that tells the stories, in their own words, of women who participated in different literacy programs throughout Nepal. Its compelling testimonials inspire other learners and motivate other organizations to become involved in women's literacy.

* Center for Development and Population Activities, Nepal Field Office. 1997. *Women on the Move.* Kathmandu: CEDPA.

CHAPTER 7

Organizing a Training System

The integrated health/literacy program trains facilitators, supervisors, program staff, reproductive health service providers, local officials, and others. A training system establishes a cycle of continuous improvement and adjustment of training activities over time. The system adapts as the people being trained change and become more skilled, or as the needs of the program change.

Designing the Training System

Training design considers the following for each group of people to receive training (INTRAH/PRIME 1998):

- Trainee characteristics and the tasks or roles they will play.
- Conditions at the program site(s).
- Links between new knowledge and skills and existing knowledge and skills.
- Practice needed to master the new skills.
- Feedback to trainees.
- Support for helping trainees apply new skills and knowledge (supervision).
- Direct links between training and program outcomes (evaluation).
- Costs of training options.

The Role of Participatory Training in the Training System

Participatory training, based on the principles of adult learning and nonformal education, is the foundation of the training system in an integrated program. Participatory training is a learner-centered approach for the development of learners' abilities to diagnose and solve their own problems. The trainer merely facilitates a process of competency building and self-discovery for the learners, whose needs, experience, and goals are the focus of the training (Srinivasan 1993). Participatory training methodologies include case studies, games, role-plays, discussion, and dialogue. Table 3 outlines specific practices for successful participatory training.

Criteria for Selecting Literacy Facilitators

Each integrated program establishes its own criteria and processes for selecting literacy facilitators from among partner organization staff and community members. Possible selection criteria include:

- Competence in both the national language and the local language used by learners.
- Experience working in adult literacy programs.
- Experience working with one of the partner organizations.
- Commitment to improving women's lives.

Designing the Facilitator Training

Literacy facilitators must learn to teach differently from the rote memorization methods they may have experienced in their own schooling. They need ample practice to gain confidence in using

Table 3: Framework for Successful Participatory Training (Srinivasan 1993)		
	If you do it like this...	**This can happen...**
S	Set a brief, clear task rather than lecture or ask questions	Share power
U	Use hands-on, multisensory materials rather than rely only on verbal communication	Broaden the base of participation
C	Create an informal, relaxed climate	Equalize status
C	Choose a growth-producing activity	Draw out talents, leadership, and mutual respect
E	Evoke feelings, beliefs, needs, doubts, perceptions, aspirations	Ensure relevance
E	Encourage creativity, analysis, planning skills, resourcefulness	Enhance personal confidence, self-esteem
D	Decentralize decision-making	Develop capacity for practical action

participatory, nonformal education approaches. Training for facilitators in the integrated health/literacy program includes:

- Overview of the integrated program.
- Introduction to reproductive health: reproductive rights, reproductive anatomy and physiology, human sexuality, reproductive health problems, and reproductive health services.
- Review of adult education techniques: principles of adult learning, participatory training methods, experiential learning, and evaluation of participatory adult education.
- Use of the curricula and materials.
- Links and referrals to reproductive health services.
- Data to collect and processes to document for monitoring and evaluation.

Designing the Training for Reproductive Health Service Providers

Training for reproductive health service providers such as clinic-based personnel or community-based distribution agents from the participating sites includes:

- Overview of the integrated health/literacy program.
- Use of materials, such as posters or flip charts, with key concepts or messages.
- Application of adult education principles and participatory training methods in IEC activities.

MAKING THE CONNECTION

Training for Many Groups: HEAL Program in Nepal

In each *ilaka* (town or area) participating in the HEAL project, a two-day orientation for district health and education staff launches the project. The orientation introduces the program, the materials, and the program logistics. A three-day orientation in each *ilaka* for the community health volunteer (CHV) from each village follows. Village health workers, who supervise the CHVs, and local headmasters from the *ilaka* attend the first day of this orientation. CHVs return to their villages and, along with local NGOs, nominate class facilitators, who are selected by a group of district health and education officials. The same group chooses class supervisors. Once selected, the class supervisors participate in a five-day training to orient them to the project, the curriculum and post-literacy health education materials, reporting procedures, and the expectations of their participation in the project. Literacy facilitators attend an intensive 12-day workshop which includes a complete introduction to the literacy materials and facilitators' guide, the context of adult literacy in Nepal, principles of adult learning and participatory training techniques, class-management procedures, demonstrations of effective teaching methods, and opportunities for peer teaching. Both facilitators and supervisors also attend another training for one to three days before the three-month post-literacy phase of the project, and CHVs attend a one-day orientation before the third phase, the six-month continuing education component of the project.

- Links and referrals to literacy programs.
- Data to collect and processes to document for monitoring and evaluation.

Health service providers who act as program supervisors need additional training, which is described below.

Designing the Training for Supervisors

Well-trained supervisors, able to demonstrate the behaviors recommended by the principles of adult learning, can improve facilitator and program capabilities. Training for supervisors in the program includes:

- Overview of the program, including job tasks and responsibilities of facilitators.
- Techniques for support and feedback to literacy facilitators.
- Facilitation of links and referrals between literacy and reproductive health services.
- Problem identification and solving.
- Preparation of a supervisory schedule.
- Data to collect and processes to document for monitoring and evaluation, and the use of monitoring forms and checklists.

If reproductive health service providers serve as supervisors, their training also includes adult education principles and participatory learning techniques, since they will often be asked to facilitate sessions on family planning and reproductive health. Similarly, supervisors drawn from the ranks of literacy facilitators have additional training in reproductive health.

Designing the Training for Local Officials and Other Program Staff

The participation and commitment of district and local officials are essential for the success of an integrated literacy program. Brief orientation workshops that introduce the program and provide the opportunity to discuss its potential benefits to communities can help mobilize support and resources.

Appendix A

Data Collection for Monitoring the Integrated Health/Literacy Program: Sample Indicators

Monitoring Participation

- Number of uses of a health facility for women's literacy classes or other related training
- Number and frequency of reproductive health service providers' visits to women's literacy classes
- Number of health service providers enrolled in women's literacy classes
- Number of reproductive health service providers trained as literacy class facilitators
- Number of reproductive health service providers serving as literacy class facilitators
- Number of and frequency of reproductive health providers serving as literacy class supervisors
- Number of learners involved in community health activities
- Number and nature of new materials jointly produced and used in the program

Monitoring Integrated Health/Literacy Instruction

- Number of women learners enrolled
- Number of learners dropping out of the program and reasons for leaving
- Number of women graduating
- Course sites and dates, facilitator presence, learner attendance
- Community perceptions of the program
- Numbers and nature of materials developed, distributed, and used
- Class environment: instruction occurs regularly, on schedule and in sequence, materials available, classroom location

Monitoring the Training System

- Number of literacy facilitators trained
- Number of supervisors and others trained
- Content of training sessions
- Number of trained literacy facilitators appearing at classes as planned
- Number of literacy facilitators applying principles of adult learning and using participatory, nonformal education techniques
- Number of literacy classes organized
- Geographic areas covered by literacy classes
- Number of referrals made by facilitators

Appendix B

Examples of Indicators and Data Sources for Evaluating the Integrated Health/Literacy Program

LEVEL OF OUTCOME	OBJECTIVE	INDICATOR	DATA SOURCE
Learners	Increased knowledge of reproductive health	Percentage of participants who correctly describe reproductive health topics	Pre-tests and post-tests
	Increased skills in reading, writing, and numeracy	Percentage of of participants who demonstrate literacy skills	Pre-tests and post-tests
	Increased use of literacy skills in daily life	Percentage of women who report use of skills in different situations	• Learner, client and facilitator interviews • Observation • Focus group discussion
	Empowerment of learners: increased assertiveness, self-confidence, participation in community development	Percentage reporting or demonstrating improved sense of self-worth, sharing of new ideas, exercising rights, making choices, accepting views of others, participating in community organizations, holding leadership positions in organizations	• Same as above

LEVEL OF OUTCOME	OBJECTIVE	INDICATOR	DATA SOURCE
Learners (continued)	Increased use of family planning services	Percentage of new family planning clients referred by literacy classes or facilitators	Family planning service reports
Facilitators	Improved facilitator skills and function or performance	Percentage of facilitators demonstrating use of specific nonformal education skills Percentage of facilitators working with partner organizations to create new materials that reflect principles of nonformal education Percentage reporting or demonstrating increased self-confidence, creativity, resourcefulness, initiative, willingness to try new ways, self-discipline, self-direction	• Observation • Learner and client interviews • Facilitator interviews • Supervisor reports
Reproductive health providers	Increased communication skills	Percentage conveying clear messages to clients Percentage using literacy materials in IEC activities	• Observation • Client Interviews
Organizations	Increased institutional capability to deliver literacy programs and reproductive health services	Organizational strategic plan developed Results of client-satisfaction studies incorporated into annual plans	• Institutional records • Staff interviews • Observation

LEVEL OF OUTCOME	OBJECTIVE	INDICATOR	DATA SOURCE
Organizations	Increased institutional capability to deliver literacy programs and reproductive health services	Number and nature of follow-up nonformal education training and other activities by sector, learner group, location, and partner agency Senior managers demonstrate understanding of and commitment to nonformal education and reproductive rights Number and nature of actions taken to incorporate new skills into the organization	
Reproductive health services	Increased client satisfaction with services	Percentage of clients reporting satisfaction with services received	• Client interviews
Communities	Increased enrollment in literacy programs Increased support for and acceptance of literacy programs and reproductive health services	Number of women enrolling in literacy programs Percentage of community leaders reporting favorable opinions of interventions Number and nature of community actions in support of literacy and reproductive health	• Program records • Sample survey • Key informant interviews • Observation • Focus group discussion

Appendix C

Sources of Information on Potential Partners for the Integrated Health/Literacy Program

Partners in the Literacy Sector	Partners in the Reproductive Health Sector
Ministry of Education	Ministry of Health
UN Agencies: UNICEF, UNESCO, ILO, UNDP	Family planning associations or International Planned Parenthood Federation affiliate
International literacy organizations	NGO family planning programs
National and international NGOs	National and international reproductive health consortiums or alliances
Community-based organizations	UN Agencies: WHO, UNFPA, UNICEF, UNAIDS
Bilateral donor agencies (e.g., USAID, SIDA, JICA, DFID)	Bilateral donor agencies (e.g., USAID, SIDA, JICA, DFID) International family planning and reproductive health organizations
	Private physician, midwife, and pharmacist associations

Appendix D

USEFUL PUBLICATIONS

On Integrated Literacy

Comings, J.P., C. Smith, and C. K. Shrestha. 1995. *Adult literacy programs: Design, implementation and evaluation.* Boston: World Education.

On Reproductive Health Services

Lyons, J., and J. Huddart. 1997. *Integrating reproductive health into NGO programs, volume 1: Family planning* (2nd ed). Arlington, VA: JSI/SEATS and Initiatives, Inc.

JSI/SEATS
1616 N. Fort Myer Drive, 11th floor
Arlington, VA 22209

Ashford, L. 1997. *Improving reproductive health in developing countries.* Washington, DC: Population Reference Bureau.

Population Reference Bureau
1875 Connecticut Avenue, NW
Suite 520
Washington, DC 20009

On Participatory Program Planning, Design, and Implementation

Howard-Grabman, L., G. Seoane, and C. Davenport. N.D. *The Warmi Project: A participatory approach to improve maternal and neonatal health. An implementor's manual.* Arlington, VA and Westport, CT: JSI/MotherCare and Save the Children.

JSI/SEATS
1616 N. Fort Myer Drive, 11th floor
Arlington, VA 22209

On Materials Development

Zimmerman, M., N. Newton, L. Frumin, and S. Wittet. 1996. *Developing health and family planning print materials for low-literate audiences: A guide* (2nd ed.). Washington, DC: PATH.

PATH
1990 M Street, NW
Suite 700
Washington, DC 20036

On Training

INTRAH/PRIME. 1997. *Reproductive health training for primary providers: A sourcebook for curriculum development.* Chapel Hill, NC: University of North Carolina/INTRAH.

INTRAH
School of Medicine
The University of North Carolina at Chapel Hill
208 N. Columbia Street, CB #8100
Chapel Hill, NC 27514

Srinivasan, L. 1993. *Tools for community participation: A manual for training trainers in participatory techniques.* Washington, DC: PROWESS/UNDP-World Bank Water and Sanitation Program.

PACT, Inc.
777 UN Plaza
New York, NY 10017

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Moulton, J. 1997. *Formal and nonformal education and empowered behavior: A review of the research literature.* Washington, DC: USAID.

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World Health Organization, Special Programme of Research, Development, and Research Training in Human Reproduction. 1997. *Biennial report 1996-1997.* Geneva.

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